S. No. 2
DM—2-43
v. 5-17-39
1 X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9956

Registration District No. 157 Primary Registration District No. 5586 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural-- Marion Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 3, Carthage 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 4
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4, Carthage
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country - - -

3. (a) PRINT FULL NAME Charlie Silvers

3. (b) If veteran, name war No

3. (c) Social Security No. 500-05-5046

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Ellen Silvers

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 18 (Day) 1880 (Year)

8. AGE: Years 64 Months 4 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Osceola (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Miner (retired)

11. Industry or business None

FATHER
12. Name William Silvers
13. Birthplace Lincoln (City, town, or county) Nebraska (State or foreign country)

MOTHER
14. Maiden name Sarah Stamps
15. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Orville Silvers
(b) Address Route 3, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) Mch 15 '45 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 12
year 1945 hour 1 00 minute P M.

21. I hereby certify that I attended the deceased from Mch 10, 1945 to Mch 12, 1945
that I last saw him alive on Mch 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

108

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. A. Webster (M. D. or other)
Address Carthage Mo Date signed Mch 13 '45

(Licensed Embalmer's Statement on Reverse Side)

45-3-274

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lucy Kuell-Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.